

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042032

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 75Primary Registration District No. 3015Registrar's No. 108

STATE FILE NUMBER

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

CLINTONb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNCAMERON

Length of stay in 1b

24RS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONCAMERON HOSP.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

CLINTON

Inside Limits

Yes ☐ No ☐c. CITY
OR TOWNCAMERONd. STREET
ADDRESS515 W. 5th St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JosephMeritSITHENS4. DATE
OF DEATH

Month

Day

Year

Nov. 191962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-27-1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR: IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

Davies Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jackson SITHENS

13b. MOTHER'S MAIDEN NAME

MARTHA DeVER

14. NAME OF HUSBAND OR WIFE

MARTHA SITHENS15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)Yes WW. II.

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. Martha SITHENS, CAMERON, MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

AnoxiaINTERVAL BETWEEN
ONSET AND DEATH24 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Mechanical obstruction3 yrs

DUE TO (c)

Carcinoma of Larynx4 yrsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

4-22-1960 to 11-19-62 and last saw him alive on 11-19-6221. I attended the deceased from 4-22-1960 to 11-19-62 and last saw him alive on 11-19-62
Death occurred at 12:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

Cameron Mo.

22c. DATE SIGNED

11-20-6223a. BURIAL, CREMATION,
REMOVAL (Specify)BURIAL

23b. DATE

11-21-62

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

23d. LOCATION (City, town, or county)

Marysville Mo.

(State)

24. FUNERAL DIRECTOR

DeMass CRUNK, CAMERON, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Nov 20 1962

26. REGISTRAR'S SIGNATURE

Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

VS 300
Rev. 4/5902.51
20.251
3
4 0
5 1
6
7 0
8 2
9 161X
10
11
121-2
132-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Kenneth L. Larman

Licensed Embalmer No. 5207

P. O. Address Cameron, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.